

# **EXHIBIT A**

**(part 3 of 6)**

# EXHIBIT 3



# **COMMERCIAL INSURANCE APPLICATION** **APPLICANT INFORMATION SECTION**

JRYAUDES

DATE (MM/DD/YYYY)  
**05/15/2020**

<b>AGENCY</b> Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 3697 Mt. Diablo Blvd, Suite 300 Lafayette, CA 94549		<b>CARRIER</b> Brown &		<b>NAIC CODE</b>
<b>CONTACT NAME:</b> Dina Campana Smith, CIC <b>PHONE (A/C, No. Ext.):</b> (925) 299-1112 <b>FAX (A/C, No.):</b> (925) 299-0328 <b>E-MAIL ADDRESS:</b> <b>CODE:</b> <b>SUBCODE:</b>		<b>Underlying Policy or Program Name</b> Riding		<b>PROGRAM CODE</b>
<b>AGENCY CUSTOMER ID:</b> SPRIMOU-03 <b>License #</b> 0726293		<b>POLICY NUMBER</b>		
<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>		
<b>STATUS OF TRANSACTION</b>		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <b>DATE</b> <b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL		

## **SECTIONS ATTACHED**

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO
BOILER & MACHINERY	\$		EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER
BUSINESS AUTO	\$		GARAGE AND DEALERS	\$	UMBRELLA
BUSINESS OWNERS	\$		GLASS AND SIGN	\$	YACHT
COMMERCIAL GENERAL LIABILITY	\$		INSTALLATION / BUILDERS RISK	\$	
CRIME	\$		OPEN CARGO	\$	
DEALERS	\$	X	PROPERTY	\$	

## **ATTACHMENTS**

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

## **POLICY INFORMATION**

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
06/01/2020	06/01/2021	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

## **APPLICANT INFORMATION**

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Spring Mountain Vineyard, Inc. 2805 Spring Mountain Road St. Helena, CA 94574		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> (707) 967-4188 <b>WEBSITE ADDRESS</b>					
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Spring Mountain Vineyard, INC. 2805 Spring Mountain Road St. Helena, CA 94574		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> (707) 967-4188 <b>WEBSITE ADDRESS</b>					
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Chateau Chevalier 2805 Spring Mountain Road St. Helena, CA 94574		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> (707) 967-4188 <b>WEBSITE ADDRESS</b>					
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

ACORD 125 (2013/09)

Page 1 of 4

© 1993-2013 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02328

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## CONTACT INFORMATION

CONTACT TYPE: <b>Accounting Contact</b>		CONTACT TYPE:	
CONTACT NAME: <b>Paul Remboldt</b>		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(707) 967-4187			
PRIMARY E-MAIL ADDRESS: <b>remboldt@pacbell.net</b>		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # <b>1</b>	STREET <b>2805 Spring Mountain Road</b>	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>St. Helena</b> COUNTY: <b>Napa</b>	STATE: <b>CA</b> ZIP: <b>94574</b>	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC # <b>1</b>	STREET <b>2805 Spring Mountain Road</b>	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>2</b>	CITY: <b>St. Helena</b> COUNTY: <b>Napa</b>	STATE: <b>CA</b> ZIP: <b>94574</b>	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC # <b>1</b>	STREET <b>2805 Spring Mountain Road</b>	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>3</b>	CITY: <b>St. Helena</b> COUNTY: <b>Napa</b>	STATE: <b>CA</b> ZIP: <b>94574</b>	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC # <b>1</b>	STREET <b>2805 Spring Mountain Road</b>	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>4</b>	CITY: <b>St. Helena</b> COUNTY: <b>Napa</b>	STATE: <b>CA</b> ZIP: <b>94574</b>	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	<input checked="" type="checkbox"/> Winery & vineyard.	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE	Spring Mountain owns al	

## DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	--	--	---

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	--	--	---

## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	--	--	---

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<b>CNH Capital</b> <b>P.o. Box 3600</b> <b>Lansaster, PA 17604</b>					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:			E-MAIL ADDRESS:				

ACORD 125 (2013/09)

Page 2 of 4

SMV 02329



## GENERAL INFORMATION

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

EXPLAIN ALL "YES" RESPONSES				Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	MONTHLY MEETINGS	
<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>	OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/>	NON-PAYMENT	<input type="checkbox"/>	AGENT NO LONGER REPRESENTS CARRIER	
<input type="checkbox"/>	NON-RENEWAL	<input type="checkbox"/>	UNDERWRITING	<input type="checkbox"/>
CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

## REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED ACORD 101

## PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CPKGE
2004 - 2005	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				MZX80829080
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2004
	EXPIRATION DATE				06/01/2005

ACORD 125 (2013/09)

Page 3 of 4

SMV 02330

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CUMBR
2004 - 2005	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XYM00076378918
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2004
	EXPIRATION DATE				06/01/2005
2005 - 2006	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU00097874069
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2005 CUMBR
	EXPIRATION DATE				06/01/2006

## LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N
07/09/2000	water	toilet tank cracked resulting in water damage to LR,		13,012	0		N
07/09/2000	water	toilet tank cracked resulting in water damage to LR,		13,012	0		N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Dina Campana Smith, CIC	
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 1 of 3

AGENCY	License # 0726293	CARRIER	NAIC CODE
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.		Chubb Limited	
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
	06/01/2020	Spring Mountain Vineyard, Inc.	

## PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2805 Spring Mountain Road	X INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
5	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2805 Spring Mountain Road	X INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
6	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2805 Spring Mountain Road	X INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
7	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	3101 Spring Mountain Road	X INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Used for wine storage					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	2849 Spring Mountain Road	X INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Rented to others					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	2849 Spring Mountain Road	X INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
2	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	2849 Spring Mountain Road	X INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
3	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Used for wine storage					ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

ACORD 823 (2011/10)

Attach to ACORD 125 © 2006-2011 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02332





AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 2 of 3

AGENCY	License # 0726293	CARRIER	NAIC CODE
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.		Chubb Limited	
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
	06/01/2020	Spring Mountain Vineyard, Inc.	

## PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	2849 Spring Mountain Road	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
4	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Used for wine storage					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	2849 Spring Mountain Road	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
5	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Rented to others					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	2849 Spring Mountain Road	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
6	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Part of main house use					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
4	1150 Dowdell Lane Wine Storage	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5	2820 Spring Mountain Rd.	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Used as guest					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5	2820 Spring Mountain Rd.	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
2	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Occupied by employees					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5	2820 Spring Mountain Rd.	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: St. Helena	STATE: CA	OUTSIDE	TENANT	# PART TIME EMPL
3	COUNTY: Napa	ZIP: 94574			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Used for wine storage and vineyard ops					ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

ACORD 823 (2011/10)

Attach to ACORD 125 © 2006-2011 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02333



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

# ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 3 of 3

AGENCY <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## PREMISES INFORMATION

LOC # <b>6</b>	STREET <b>60 Harlow Court</b>	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	<b>Wine Storage (Wine Co-op)</b>	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # <b>1</b>	CITY: <b>Napa</b>	STATE: <b>CA</b>	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP: <b>94558</b>			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # <b>7</b>	STREET <b>241 Tower Road</b>	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	<b>Wine Storage (Wine Co-op)</b>	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # <b>1</b>	CITY: <b>American Canyon</b>	STATE: <b>CA</b>	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP: <b>94503</b>			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # <b>8</b>	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # <b>1</b>	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

ACORD 823 (2011/10)

Attach to ACORD 125 © 2006-2011 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02334





AGENCY CUSTOMER ID: SPRIMOU-03

PAGE 1 OF 1  
JRYAUDES

# **ADDITIONAL INTEREST SCHEDULE**

DATE (MM/DD/YYYY)  
05/15/2020

AGENCY <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>Cresco Equipment Rentals</b> <b>800 E. Airway Blvd.</b> <b>Livermore, CA 94551</b>					LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM: FAX (A/C, No):
REASON FOR INTEREST: <b>Rented/Leased Equipment</b>		REFERENCE / LOAN #:		INTEREST END DATE:		FAX (A/C, No):		
		LIEN AMOUNT:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>BCT Solutions</b> <b>1240 Century Court, Suite A</b> <b>Santa Rosa, CA 95403</b>					LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM: FAX (A/C, No):
REASON FOR INTEREST: <b>Rented/Leased Equipment</b>		REFERENCE / LOAN #:		INTEREST END DATE:		FAX (A/C, No):		
		LIEN AMOUNT:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>Blueline Rental LLC</b> <b>8401 New Trails Drive Ste. 150</b> <b>The Woodlands, TX 77381</b>					LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM: FAX (A/C, No):
REASON FOR INTEREST: <b>Rented/Leased Equipment</b>		REFERENCE / LOAN #:		INTEREST END DATE:		FAX (A/C, No):		
		LIEN AMOUNT:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>MGG California, LLC, As Collateral Agent ISAOA</b> <b>One Penn Plaza, Ste. 5320</b> <b>New York, NY 10119</b>					LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM: FAX (A/C, No):
REASON FOR INTEREST:		REFERENCE / LOAN #:		INTEREST END DATE:		FAX (A/C, No):		
		LIEN AMOUNT:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM: FAX (A/C, No):
REASON FOR INTEREST:		REFERENCE / LOAN #:		INTEREST END DATE:		FAX (A/C, No):		
		LIEN AMOUNT:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		

ACORD 45 (2009/04)

© 1993-2009 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02335



**COMMERCIAL INSURANCE APPLICATION -  
OTHER NAMED INSURED SCHEDULE**

SPRIMOU-03

JRYAUDES

PAGE 1

OF 1

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>Chateau Chevalier</b> <b>2805 Spring Mountain Road</b> <b>St. Helena, CA 94574</b>				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE # <b>(707) 967-4188</b>			
				WEBSITE ADDRESS			
<input checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>Good Wine Company, A Delaware Corp</b> <b>2805 Spring Mountain Road</b> <b>St. Helena, CA 94574</b>				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE # <b>(707) 967-4188</b>			
				WEBSITE ADDRESS			
<input checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #			
				WEBSITE ADDRESS			
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #			
				WEBSITE ADDRESS			
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #			
				WEBSITE ADDRESS			
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #			
				WEBSITE ADDRESS			
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #			
				WEBSITE ADDRESS			
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST

APPLIED 125ONI (2009/08)

SMV 02336

**COMMERCIAL INSURANCE APPLICATION -  
PRIOR CARRIER INFORMATION SCHEDULE**

SPRIMOU-03

JRYAUDES

PAGE 1

OF 4

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CPKGE
<b>2005 - 2006</b>	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				MZX80843168
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2005
	EXPIRATION DATE				06/01/2006
<b>2006 - 2007</b>	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU00087910253
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2006
	EXPIRATION DATE				06/01/2007
<b>2006 - 2007</b>	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				MZX80858709
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2006
	EXPIRATION DATE				06/01/2007
<b>2007 - 2008</b>	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU00089339212
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2007
	EXPIRATION DATE				06/01/2008
<b>2007 - 2008</b>	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				MZX80874568
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2007
	EXPIRATION DATE				06/01/2008
<b>2008 - 2009</b>	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU79217246
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2008
	EXPIRATION DATE				06/01/2009
<b>2008 - 2009</b>	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				MZX80890360
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2008
	EXPIRATION DATE				06/01/2009
<b>2009 - 2010</b>	CARRIER				Associated Indemnity
	POLICY NUMBER				MZX80906030
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2009
	EXPIRATION DATE				06/01/2010
<b>2009 - 2010</b>	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU60808664
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2009
	EXPIRATION DATE				06/01/2010

APPLIED 125PCIS (2009/08)

SMV 02337

**COMMERCIAL INSURANCE APPLICATION -  
PRIOR CARRIER INFORMATION SCHEDULE**

SPRIMOU-03

JRYAUDES

PAGE 2

OF 4

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CPKGE
2010 - 2011	CARRIER				Associated Indemnity
	POLICY NUMBER				MZX80920450
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2010
	EXPIRATION DATE				06/01/2011
2010 - 2011	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
	CARRIER				Firemans Fund Insura
	POLICY NUMBER				XAU74468349
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2010
	EXPIRATION DATE				06/01/2011
2011 - 2012	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER	Firemans Fund		Fireman's Fund	
	POLICY NUMBER	MZX80931228		MZX80931228	
	PREMIUM	\$ 82,544.00	\$	\$	\$
	EFFECTIVE DATE	06/01/2011		06/01/2011	
	EXPIRATION DATE	06/01/2012		06/01/2012	
2012 - 2013	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CPKGE
	CARRIER				Firemans Fund
	POLICY NUMBER				MZX80940779
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2012
	EXPIRATION DATE				06/01/2013
2014 - 2015	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CPKGE
	CARRIER				Firemans Fund
	POLICY NUMBER				MZX80956523
	PREMIUM	\$	\$	\$	\$ 93,496.00
	EFFECTIVE DATE				06/01/2014
	EXPIRATION DATE				06/01/2015
2015 - 2016	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CPKGE
	CARRIER				Assoc Indemnity/Firemans Fund
	POLICY NUMBER				MZX80963511
	PREMIUM	\$	\$	\$	\$ 103,801.00
	EFFECTIVE DATE				06/01/2015
	EXPIRATION DATE				06/01/2016
2016 - 2017	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CPKGE
	CARRIER				Assoc Indemnity/FFIC
	POLICY NUMBER				MZX80970912
	PREMIUM	\$	\$	\$	\$ 105,284.00
	EFFECTIVE DATE				06/01/2016
	EXPIRATION DATE				06/01/2017
2017 - 2018	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CPKGE
	CARRIER				Associated Indemnity/FFIC
	POLICY NUMBER				MZX80979160
	PREMIUM	\$	\$	\$	\$ 172,568.00
	EFFECTIVE DATE				06/01/2017
	EXPIRATION DATE				06/01/2018
2018 - 2019	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CPKGE
	CARRIER				Associated Indemnity/Firemans Fund
	POLICY NUMBER				MZX80988176
	PREMIUM	\$	\$	\$	\$ 164,154.00
	EFFECTIVE DATE				06/01/2018
	EXPIRATION DATE				06/01/2019

APPLIED 125PCIS (2009/08)

SMV 02338

**COMMERCIAL INSURANCE APPLICATION -  
PRIOR CARRIER INFORMATION SCHEDULE**

SPRIMOU-03

JRYAUDES

PAGE 3

OF 4

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
2004 - 2005	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XYM00076378918
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2004
	EXPIRATION DATE				06/01/2005
2005 - 2006	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU00097874069
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2005
	EXPIRATION DATE				06/01/2006
2006 - 2007	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU00087910253
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2006
	EXPIRATION DATE				06/01/2007
2007 - 2008	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU00089339212
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2007
	EXPIRATION DATE				06/01/2008
2008 - 2009	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU79217246
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2008
	EXPIRATION DATE				06/01/2009
2009 - 2010	CARRIER				Fireman's Fund Insur
	POLICY NUMBER				XAU60808664
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2009
	EXPIRATION DATE				06/01/2010
2010 - 2011	CARRIER				Firemans Fund Insura
	POLICY NUMBER				XAU74468349
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2010
	EXPIRATION DATE				06/01/2011
2011 - 2012	CARRIER				Firemans Fund
	POLICY NUMBER				XAU24090664
	PREMIUM	\$	\$	\$	\$ 9,693.00
	EFFECTIVE DATE				06/01/2011
	EXPIRATION DATE				06/01/2012
2012 - 2013	CARRIER				Fireman's Fund
	POLICY NUMBER				XAU31944861
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2012
	EXPIRATION DATE				06/01/2013

APPLIED 125PCIS (2009/08)

SMV 02339

**COMMERCIAL INSURANCE APPLICATION -  
PRIOR CARRIER INFORMATION SCHEDULE**

SPRIMOU-03

JRYAUDES

PAGE 4

OF 4

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
2013 - 2014	CARRIER				Fireman's Fund
	POLICY NUMBER				XAU24346900
	PREMIUM	\$	\$	\$	\$ 10,719.00
	EFFECTIVE DATE				06/01/2013
	EXPIRATION DATE				06/01/2014
2014 - 2015	CARRIER				Firemans Fund
	POLICY NUMBER				XAU57923468
	PREMIUM	\$	\$	\$	\$ 10,783.00
	EFFECTIVE DATE				06/01/2014
	EXPIRATION DATE				06/01/2015
2016 - 2017	CARRIER				Firemans Fund
	POLICY NUMBER				XAU24540775
	PREMIUM	\$	\$	\$	\$ 9,907.00
	EFFECTIVE DATE				06/01/2016
	EXPIRATION DATE				06/01/2017
2018 - 2019	CARRIER				OTHER CUMB
	POLICY NUMBER				Firemans Fund
	PREMIUM	\$	\$	\$	SUO00015350895
	EFFECTIVE DATE				\$ 13,461.00
	EXPIRATION DATE				06/01/2018
2017 - 2018	CARRIER				06/01/2019
	POLICY NUMBER				Firemans Fund
	PREMIUM	\$	\$	\$	SUO00015306913
	EFFECTIVE DATE				\$ 12,356.00
	EXPIRATION DATE				06/01/2017
2019 - 2020	CARRIER				06/01/2018
	POLICY NUMBER				OTHER CPKGE
	PREMIUM	\$	\$	\$	Firemans Fund/Allianz
	EFFECTIVE DATE				MZX80997457
	EXPIRATION DATE				\$ 120,576.00
2017 - 2018	CARRIER				06/01/2019
	POLICY NUMBER				06/01/2020
	PREMIUM	\$	\$	\$	
	EFFECTIVE DATE				
	EXPIRATION DATE				
2019 - 2020	CARRIER				OTHER
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	
	EFFECTIVE DATE				
	EXPIRATION DATE				
2019 - 2020	CARRIER				OTHER
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	
	EFFECTIVE DATE				
	EXPIRATION DATE				

APPLIED 125PCIS (2009/08)

SMV 02340



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.		License # 0726293	NAMED INSURED Spring Mountain Vineyard, Inc. 2806 Spring Mountain Road St. Helena, CA 94574 Napa
POLICY NUMBER			
CARRIER Chubb Limited	NAIC CODE	EFFECTIVE DATE: 06/01/2020	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 125 FORM TITLE: COMMERCIAL INSURANCE APPLICATION INFORMATION SECTION

## Nature of Business

Winery & vineyard. Spring Mountain owns all property except loc. #2, which is owned by Good Wine Co. - See attached breakdown of property and limits by location.



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES



## PROPERTY SECTION

DATE (MM/DD/YYYY)

05/15/2020

AGENCY NAME <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: BUSER
2	6,174,543	SOI: PP			

## PREMISES INFORMATION

PREMISES INFORMATION	PREMISES # 0	STREET ADDRESS: Blanket,							
	BUILDING # 1	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Blanket	36,613,321			Special (Including theft)		10,000	Flat		BC, Blanket Building & BPP combined
Building	30,438,778		R	Special (Including theft)		10,000		1	Blanket Limit
Business Income with Extra Expense and Rental	2,887,279			Special (Including theft)		100		3	Blanket Business Income - Ext Per of Ind - 365 days
Personal Property	6,174,543		R	Special (Including theft)		10,000		2	Blanket Business Personal Property - No Stock Included
Extra Expense	2,887,279			Special (Including theft)		10,000			Extra Expense

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 610

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>		\$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION
		DEDUCTIBLE		POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		\$		

## SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

## MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
	FT	MI							
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
WIRING, YR:	PLUMBING, YR:		Other						
ROOFING, YR:	HEATING, YR:	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED:		
OTHER: YR:		RESISTIVE		MANUFACTURER:					
PRIMARY HEAT			SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>			<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE			CENTRAL STATION <input type="checkbox"/> LOCAL GONG		
							WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION		
			0				LOCAL GONG		

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER	
LOSS PAYEE					LOCATION:	BUILDING:
MORTGAGEE					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

ACORD 140 (2014/12)

Attach to ACORD 125 © 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02342

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

ADDITIONAL  
PREMISES INFORMATION

PREMISES # <b>1</b>		STREET ADDRESS: <b>2805 Spring Mountain Road, St. Helena, CA 94574</b>							
BUILDING # <b>1</b>		BLDG DESCRIPTION: <b>Winery &amp; Office</b>							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>3,983,630</b>		<b>R</b>	<b>Special (Including theft)</b>		<b>10,000</b>			<b>Included in Blanket - Winery Bldg</b>
<b>Business Income with Extra Expense and Rental</b>	<b>144,364</b>			<b>Special (Including theft)</b>		<b>0</b>			<b>Included in Blanket</b>
<b>Personal Property</b>	<b>5,688,936</b>		<b>R</b>	<b>Special (Including theft)</b>		<b>10,000</b>			<b>Included in Blanket-Inventory, Equipment, Office</b>

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE <b>Frame &amp; concrete blo</b>	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL <b>5</b>	# STORIES <b>2</b>	# BASMT'S <b>0</b>	YR BUILT <b>1978</b>	TOTAL AREA <b>16,000</b>
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <b>SLT TILE</b>	OTHER OCCUPANCIES <b>none</b>					
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____	
<input checked="" type="checkbox"/> ROOFING, YR: <b>1993</b>	<input checked="" type="checkbox"/> HEATING, YR: <b>2014</b>	RESISTIVE				MANUFACTURER:			
PRIMARY HEAT		SECONDARY HEAT							
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>		<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>							
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE <b>vineyard</b>		LEFT EXPOSURE & DISTANCE <b>vineyard</b>		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE <b>vineyard</b>			
BURGLAR ALARM TYPE <b>central</b>		CERTIFICATE #		EXPIRATION DATE		<input checked="" type="checkbox"/>	CENTRAL STATION	<input type="checkbox"/>	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) <b>smoke alarms</b>				% SPRNK <b>0</b>	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

ADDITIONAL INTEREST ☒ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE	<b>MGG California LLC, as Collateral Agent and its successors and/or assigns One Penn Plaza, Suite 5320 New York, NY 10119</b>			LOCATION: <b>1</b>	BUILDING: <b>1</b>
<input type="checkbox"/> MORTGAGEE				ITEM CLASS:	ITEM:
<input checked="" type="checkbox"/> Add 30 Day NOC				ITEM DESCRIPTION <b>2805 Spring Mountain Road, St. Helena, CA 94574</b>	
REFERENCE / LOAN #:					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED ACORD 101

## SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

Dina Campana Smith, CIC

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



**JRYAUDES**

DATE (MM/DD/YYYY)  
05/15/2020

## BLANKET SUMMARY

### PREMISES INFORMATION

BUILDING # 2

**BLDG DESCRIPTION:** Victorian

**VALUE REPORTING INFORMATION - Attach ACORD 811**

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

LIMIT: \$

REJECT COVERAGE

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

[illegible]MEAT

IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / ☐ N

REAR EXPOSURE & DISTANCE

LOCAL  
CON

CLOCK HOUR:CENTRAL STATION

© 1985-2014 ACORD CORPORATION. All rights reserved.

SMV 02345

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

ADDITIONAL  
PREMISES INFORMATION

PREMISES # 1	STREET ADDRESS: 2805 Spring Mountain Road, St. Helena, CA 94574								
BUILDING # 3	BLDG DESCRIPTION: Cottage								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	670,125		R	Special (Including theft)		10,000			Included in Blanket - Cottage
Business Income with Extra Expense and Rental	144,364			Special (Including theft)					

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT 25 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 5	# STORIES 1	# BASMT'S 0	YR BUILT 1950	TOTAL AREA 1,000
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE COMPOSIT	OTHER OCCUPANCIES none					
WIRING, YR: X ROOFING, YR: 1993 OTHER: YR:	PLUMBING, YR: HEATING, YR:	WIND CLASS RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____					
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) smoke detectors			% SPRNK 0	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG		

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION:
<input type="checkbox"/> MORTGAGEE					BUILDING:
					ITEM CLASS:
					ITEM:
	REFERENCE / LOAN #:	ITEM DESCRIPTION			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

--	--

## SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES



## PROPERTY SECTION

DATE (MM/DD/YYYY)  
05/15/2020

AGENCY NAME Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.		License # 0726293	CARRIER Chubb Limited	NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 06/01/2020	NAMED INSURED(S) Spring Mountain Vineyard, Inc.	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: BUSER
2	6,174,543	SOI: PP			

PREMISES INFORMATION		PREMISES # 1 BUILDING # 4	STREET ADDRESS: 2805 Spring Mountain Road, St. Helena, CA 94574 BLDG DESCRIPTION: Shop						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	655,172		R	Special (Including theft)		10,000			Included in Blanket - Shop
Business Income with Extra Expense and Rental	144,364			Special (Including theft)		0			

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		\$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE		
		\$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE metal	DISTANCE TO HYDRANT 400 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 5	# STORIES 1	# BASMTS 0	YR BUILT 1993	TOTAL AREA 2,000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE METAL	OTHER OCCUPANCIES shop				
WIRING, YR:	PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE (INCL WOODBURNING STOVE OR FIREPLACE INSERT)		DATE INSTALLED:			
ROOFING, YR:	HEATING, YR:	RESISTIVE		MANUFACTURER:					
OTHER: YR:									
PRIMARY HEAT		SECONDARY HEAT							
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>		<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>							
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N							
RIGHT EXPOSURE & DISTANCE vineyard		LEFT EXPOSURE & DISTANCE vineyard		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE vineyard			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>			
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK 0		FIRE ALARM MANUFACTURER		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>			

## ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
LOSS PAYEE					LOCATION:	BUILDING:
MORTGAGEE					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #					

ACORD 140 (2014/12)

Attach to ACORD 125 © 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02348

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

ADDITIONAL  
PREMISES INFORMATION
 PREMISES # 1 STREET ADDRESS: 2805 Spring Mountain Road, St. Helena, CA 94574  
 BUILDING # 5 BLDG DESCRIPTION: Barn

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	907,902		R	Special (Including theft)		10,000			Included in Blanket - Barn
Business Income with Extra Expense and Rental	144,364			Special (Including theft)		0			

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Frame	100 FT	MI			5	1	0	1885	3,500

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
X WIRING, YR: 1993			Other	none
X ROOFING, YR: 1993				
OTHER: YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
vineyard	vineyard		vineyard

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	X CENTRAL STATION <input type="checkbox"/> LOCAL GONG
central			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
smoke detectors	0		LOCAL GONG

## ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE				LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE				ITEM CLASS: _____ ITEM: _____
				ITEM DESCRIPTION
	REFERENCE / LOAN #:			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

Dina Campana Smith, CIC

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER





AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

## PROPERTY SECTION

DATE (MM/DD/YYYY)  
05/15/2020

AGENCY NAME <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: BUSER
2	6,174,543	SOI: PP			

PREMISES # 1		STREET ADDRESS: 2805 Spring Mountain Road, St. Helena, CA 94574							
BUILDING # 6		BLDG DESCRIPTION: Greenhouse/Winery							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	605,482		R	Special (Including theft)		10,000			Included in Blanket - Greenhouse
Business Income with Extra Expense and Rental	144,364			Special (Including theft)		0			

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE <b>metal w/ glass</b>	DISTANCE TO HYDRANT 50 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 5	# STORIES 1	# BASMTS 0	YR BUILT 1998	TOTAL AREA 1,300
BUILDING IMPROVEMENTS WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR: <input type="checkbox"/>		BLDG CODE GRADE	TAX CODE	ROOF TYPE <b>GLASS</b>	OTHER OCCUPANCIES				
WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____				
RESISTIVE		MANUFACTURER:							
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>			
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK 0		FIRE ALARM MANUFACTURER		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>			

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST LOSS PAYEE MORTGAGEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
				LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	
	REFERENCE / LOAN #:				

ACORD 140 (2014/12)

Attach to ACORD 125 © 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02351



SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES



## PROPERTY SECTION

DATE (MM/DD/YYYY)  
05/15/2020

AGENCY NAME <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: BUSER
2	6,174,543	SOI: PP			

## PREMISES INFORMATION

PREMISES # **2** STREET ADDRESS: **3101 Spring Mountain Road, St. Helena, CA 94574**  
 BUILDING # **1** BLDG DESCRIPTION: **Winery**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	3,388,653		R	Special (including theft)		10,000			Included in Blanket - Winery Building
Business Income with Extra Expense and Rental	144,364			Special (including theft)		0			

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

## SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

## MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

## CONSTRUCTION TYPE

stone

DISTANCE TO HYDRANT  
FTFIRE STAT  
MI

FIRE DISTRICT

CODE NUMBER

PROT CL

# STORIES

# BASMTS

YR BUILT

TOTAL AREA

5

2

0

1891

8,000

## BUILDING IMPROVEMENTS

X WIRING, YR: 1994

PLUMBING, YR:

X ROOFING, YR: 1993

HEATING, YR:

OTHER: YR:

BLDG CODE GRADE

TAX CODE

ROOF TYPE

COMPOSIT

OTHER OCCUPANCIES

none

WIND CLASS

SEMI- RESISTIVE

HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT

DATE INSTALLED:

RESISTIVE

MANUFACTURER:

## PRIMARY HEAT

☐ BOILER☐ SOLID FUEL☐IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## SECONDARY HEAT

☐ BOILER☐ SOLID FUEL☐IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## RIGHT EXPOSURE &amp; DISTANCE

vineyard

## LEFT EXPOSURE &amp; DISTANCE

vineyard

## FRONT EXPOSURE &amp; DISTANCE

## REAR EXPOSURE &amp; DISTANCE

vineyard

## BURGLAR ALARM TYPE

central

## CERTIFICATE #

EXPIRATION DATE

X

CENTRAL STATION

LOCAL GONG

## BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

# GUARDS / WATCHMEN

CLOCK HOURLY

## PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

0

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
REFERENCE / LOAN # _____		

ACORD 140 (2014/12)

Attach to ACORD 125 © 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02354

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

ADDITIONAL  
PREMISES INFORMATION

PREMISES #: <b>3</b>		STREET ADDRESS: <b>2849 Spring Mountain Road, St. Helena, CA 94574</b>							
BUILDING #: <b>1</b>		BLDG DESCRIPTION: <b>Main House</b>							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>1,325,692</b>		<b>R</b>	<b>Special (Including theft)</b>		<b>10,000</b>			<b>Included in Blanket - Main House</b>
<b>Business Income with Extra Expense and Rental</b>	<b>144,364</b>			<b>Special (Including theft)</b>		<b>0</b>			

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

## CONSTRUCTION TYPE

Frame

DISTANCE TO HYDRANT

200 FT

FIRE STAT

MI

FIRE DISTRICT

CODE NUMBER

PROT CL

5

# STORIES

2

# BASMT'S

YR BUILT

1940

TOTAL AREA

3,000

## BUILDING IMPROVEMENTS

WIRING, YR:

PLUMBING, YR:

X ROOFING, YR: 1990

HEATING, YR:

OTHER:

YR:

BLDG CODE GRADE

TAX CODE

ROOF TYPE

COMPOSIT

OTHER OCCUPANCIES

none

WIND CLASS

SEMI-RESISTIVE

HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT

DATE INSTALLED:

RESISTIVE

MANUFACTURER:

## PRIMARY HEAT

☐ BOILER☐ SOLID FUELIF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## SECONDARY HEAT

☐ BOILER☐ SOLID FUELIF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE &amp; DISTANCE

vineyard

LEFT EXPOSURE &amp; DISTANCE

vineyard

FRONT EXPOSURE &amp; DISTANCE

REAR EXPOSURE &amp; DISTANCE

vineyard

BURGLAR ALARM TYPE

central

CERTIFICATE #

EXPIRATION DATE

X

CENTRAL STATION

LOCAL GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

# GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

0

FIRE ALARM MANUFACTURER

smoke detectors

CENTRAL STATION

LOCAL GONG

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION:
<input type="checkbox"/> MORTGAGEE					BUILDING:
					ITEM CLASS:
					ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## SIGNATURE

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER





AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

## PROPERTY SECTION

DATE (MM/DD/YYYY)  
05/15/2020

AGENCY NAME <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: BUSER
2	6,174,543	SOI: PP			

PREMISES # 3		STREET ADDRESS: 2849 Spring Mountain Road, St. Helena, CA 94574						
BUILDING # 2		BLDG DESCRIPTION: 2 Car Garage						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	315,180		R	Special (Including theft)	10,000			Included in Blanket - 2 Car Garage
Business Income with Extra Expense and Rental	144,364			Special (Including theft)	0			

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	--

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		

CONSTRUCTION TYPE <b>Frame</b>	DISTANCE TO HYDRANT <b>200</b> FT	FIRE DISTRICT	CODE NUMBER	PROT CL <b>5</b>	# STORIES <b>1</b>	# BASMT'S <b>0</b>	YR BUILT <b>1940</b>	TOTAL AREA <b>400</b>
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE <b>COMPOSIT</b>	OTHER OCCUPANCIES			
WIRING, YR:	PLUMBING, YR:	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED:		
ROOFING, YR:	HEATING, YR:	RESISTIVE		MANUFACTURER:				
OTHER: YR:								
PRIMARY HEAT		SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>		<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK <b>0</b>	FIRE ALARM MANUFACTURER		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>			

ADDITIONAL INTEREST		ACORD 45 attached for additional names	
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LOSS PAYEE			
<input type="checkbox"/> MORTGAGEE			
	REFERENCE / LOAN #:		
INTEREST IN ITEM NUMBER			
LOCATION:	BUILDING:		
ITEM CLASS:	ITEM:		
ITEM DESCRIPTION			

ACORD 140 (2014/12)

Attach to ACORD 125 © 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02357





SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES



## PROPERTY SECTION

DATE (MM/DD/YYYY)  
05/15/2020

AGENCY NAME <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 06/01/2020	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: BUSER
2	6,174,543	SOI: PP			

## PREMISES INFORMATION

PREMISES # 3 STREET ADDRESS: 2849 Spring Mountain Road, St. Helena, CA 94574  
 BUILDING # 4 BLDG DESCRIPTION: Winery Bldg #2

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	817,388		R	Special (Including theft)		10,000			Included in Blanket - Wine Building #2
Business Income with Extra Expense and Rental	144,364			Special (Including theft)					

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

## SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

## MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

## CONSTRUCTION TYPE

Frame

DISTANCE TO HYDRANT  
200 FT

FIRE DISTRICT

CODE NUMBER

PROT CL

# STORIES

# BASMTS

YR BUILT

TOTAL AREA

## BUILDING IMPROVEMENTS

WIRING, YR:

PLUMBING, YR:

ROOFING, YR:

HEATING, YR:

OTHER: YR:

BLDG CODE GRADE

TAX CODE

ROOF TYPE

OTHER OCCUPANCIES

WIND CLASS

SEMI- RESISTIVE

HEATING SOURCE (INCL WOODBURNING STOVE OR FIREPLACE INSERT)

DATE INSTALLED:

MANUFACTURER:

## PRIMARY HEAT

☐ BOILER☐ SOLID FUELIF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## SECONDARY HEAT

☐ BOILER☐ SOLID FUELIF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## RIGHT EXPOSURE &amp; DISTANCE

vineyard

## LEFT EXPOSURE &amp; DISTANCE

vineyard

## FRONT EXPOSURE &amp; DISTANCE

vineyard

## REAR EXPOSURE &amp; DISTANCE

vineyard

## BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL STATION

LOCAL GONG

WITH KEYS

## BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

# GUARDS / WATCHMEN

CLOCK HOURLY

## PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
	REFERENCE / LOAN # _____			

ACORD 140 (2014/12)

Attach to ACORD 125 © 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02360



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

ADDITIONAL  
PREMISES INFORMATION

PREMISES # **3** STREET ADDRESS: **2849 Spring Mountain Road, St. Helena, CA 94574**  
 BUILDING # **5** BLDG DESCRIPTION: **Caretaker House**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>481,802</b>		<b>R</b>	<b>Special (Including theft)</b>		<b>10,000</b>			<b>Included in Blanket - Caretaker House</b>
<b>Business Income with Extra Expense and Rental</b>	<b>144,364</b>			<b>Special (Including theft)</b>					

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

## CONSTRUCTION TYPE

Frame

DISTANCE TO HYDRANT

200 FT

FIRE STAT

MI

FIRE DISTRICT

CODE NUMBER

PROT CL

5

# STORIES

1

# BASMT'S

YR BUILT

1980

TOTAL AREA

600

## BUILDING IMPROVEMENTS

WIRING, YR:

PLUMBING, YR:

ROOFING, YR:

HEATING, YR:

OTHER:

YR:

BLDG CODE GRADE

TAX CODE

ROOF TYPE

COMPOSIT

OTHER OCCUPANCIES

WIND CLASS

RESISTIVE

SEMI- RESISTIVE

HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT

DATE INSTALLED:

MANUFACTURER:

## PRIMARY HEAT

☐ BOILER☐ SOLID FUEL☐IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## SECONDARY HEAT

☐ BOILER☐ SOLID FUEL☐IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE &amp; DISTANCE

vineyard

LEFT EXPOSURE &amp; DISTANCE

vineyard

FRONT EXPOSURE &amp; DISTANCE

REAR EXPOSURE &amp; DISTANCE

vineyard

BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL STATION

LOCAL GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

# GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

0

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION:
<input type="checkbox"/> MORTGAGEE					BUILDING:
					ITEM CLASS:
					ITEM:
					ITEM DESCRIPTION

REFERENCE / LOAN #:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

## PROPERTY SECTION

DATE (MM/DD/YYYY)  
05/15/2020

AGENCY NAME <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: BUSER
2	6,174,543	SOI: PP			

## PREMISES INFORMATION

PREMISES # 3		STREET ADDRESS: <b>2849 Spring Mountain Road, St. Helena, CA 94574</b>							
BUILDING # 6		BLDG DESCRIPTION: <b>Guest House</b>							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	419,174		R	Special (Including theft)		10,000			Included in Blanket - Guest House
Business Income with Extra Expense and Rental	144,364			Special (Including theft)					

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		
CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE DISTRICT	CODE NUMBER	PROT CL
Frame	200 FT			5
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	# STORIES
WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/>			COMPOSIT	1
ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR: <input type="checkbox"/>	RESISTIVE		MANUFACTURER: _____	
PRIMARY HEAT		SECONDARY HEAT		
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>		<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>		
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE	
vineyard	vineyard		vineyard	
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
			WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
		0		LOCAL GONG

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER
LOSS PAYEE					LOCATION: _____ BUILDING: _____
MORTGAGEE					ITEM CLASS: _____ ITEM: _____
					ITEM DESCRIPTION
	REFERENCE / LOAN #				

ACORD 140 (2014/12)

Attach to ACORD 125

© 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02363





SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES



## PROPERTY SECTION

DATE (MM/DD/YYYY)  
05/15/2020

AGENCY NAME <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: BUSER
2	6,174,543	SOI: PP			

## PREMISES INFORMATION

PREMISES # **5** STREET ADDRESS: **2820 Spring Mountain Rd., St. Helena, CA 94574**  
 BUILDING # **1** BLDG DESCRIPTION: **Main House**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2,742,068		R	Special (Including theft)		10,000			Included in Blanket-Main House
Business Income with Extra Expense and Rental	144,364			Special (Including theft)					

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

## SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

## MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

## CONSTRUCTION TYPE

Frame

## DISTANCE TO

HYDRANT

## FIRE STAT

FT

## FIRE DISTRICT

## CODE NUMBER

## PROT CL

5

## # STORIES

1

## # BASMTS

0

## YR BUILT

1972

## TOTAL AREA

5,000

## BUILDING IMPROVEMENTS

WIRING, YR:

PLUMBING, YR:

ROOFING, YR:

HEATING, YR:

OTHER:

YR:

## BLDG CODE

GRADE

## TAX CODE

## ROOF TYPE

COMPOSIT

## OTHER OCCUPANCIES

Residence

## WIND CLASS

RESISTIVE

## SEMI-RESISTIVE

HEATING SOURCE INCL WOODBURNING

STOVE OR FIREPLACE INSERT

DATE

INSTALLED:

MANUFACTURER:

## PRIMARY HEAT

BOILER

SOLID FUEL

IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y/N

## SECONDARY HEAT

BOILER

SOLID FUEL

IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y/N

## RIGHT EXPOSURE &amp; DISTANCE

Vineyard

## LEFT EXPOSURE &amp; DISTANCE

Garden/Vineyard

## FRONT EXPOSURE &amp; DISTANCE

Vineyard

## REAR EXPOSURE &amp; DISTANCE

Vineyard

## BURGLAR ALARM TYPE

Burglar

## CERTIFICATE #

## EXPIRATION DATE

X

## CENTRAL STATION

WITH KEYS

## LOCAL GONG

## BURGLAR ALARM INSTALLED AND SERVICED BY

## EXTENT

## GRADE

## # GUARDS / WATCHMEN

## CLOCK HOURLY

## PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

0

## FIRE ALARM MANUFACTURER

## CENTRAL STATION

LOCAL GONG

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
REFERENCE / LOAN #:		

ACORD 140 (2014/12)

Attach to ACORD 125 © 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02366





AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES



## PROPERTY SECTION

DATE (MM/DD/YYYY)

05/15/2020

AGENCY NAME <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: SUSER
2	6,174,543	SOI: PP			

## PREMISES INFORMATION

PREMISES # 5 STREET ADDRESS: 2820 Spring Mountain Rd., St. Helena, CA 94574

BUILDING # 3 BLDG DESCRIPTION: Winery

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	3,195,048		R	Special (Including theft)		10,000			Included in Blanket-Winery Building
Business Income with Extra Expense and Rental	144,364			Special (Including theft)					

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>

## SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

## MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

## CONSTRUCTION TYPE

Frame

DISTANCE TO HYDRANT  
FT MI

FIRE DISTRICT

CODE NUMBER

PROT CL

# STORIES

# BASMT'S

YR BUILT

TOTAL AREA

## BUILDING IMPROVEMENTS

☒ WIRING, YR: 1998 ☐ PLUMBING, YR:

☒ ROOFING, YR: 1997 ☐ HEATING, YR:

OTHER: YR:

BLDG CODE GRADE

TAX CODE

ROOF TYPE

OTHER OCCUPANCIES

COMPOSIT Cave- 6,000 sq ft - Frame 10,000 sq ft

WIND CLASS

SEMI- RESISTIVE

HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT

DATE

## PRIMARY HEAT

☐ BOILER ☐ SOLID FUEL ☐IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## SECONDARY HEAT

☐ BOILER ☐ SOLID FUEL ☐IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE &amp; DISTANCE

LEFT EXPOSURE &amp; DISTANCE

FRONT EXPOSURE &amp; DISTANCE

REAR EXPOSURE &amp; DISTANCE

BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL STATION

LOCAL GONG

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

# GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRINK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #				

ACORD 140 (2014/12)

Attach to ACORD 125

© 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02369

SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER





SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES



## PROPERTY SECTION

DATE (MM/DD/YYYY)  
05/15/2020

AGENCY NAME <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # 0726293	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	30,438,778	SOI: B	3	2,887,279	SOI: BUSER
2	6,174,543	SOI: PP			

## PREMISES INFORMATION

PREMISES # **7** STREET ADDRESS: **241 Tower Road, American Canyon, CA 94503**  
 BUILDING # **1** BLDG DESCRIPTION: **Wine Storage - Wine Co-op**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Income with Extra Expense	144,364			Special (Including theft)					Included in Blanket

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	

## SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

## MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

## CONSTRUCTION TYPE

Masonry

DISTANCE TO  
HYDRANT  
FTFIRE STAT  
MI

FIRE DISTRICT

CODE NUMBER

PROT CL

# STORIES

# BASMTS

YR BUILT

TOTAL AREA

## BUILDING IMPROVEMENTS

WIRING, YR:

PLUMBING, YR:

ROOFING, YR:

HEATING, YR:

OTHER:

YR:

BLDG CODE  
GRADE

TAX CODE

ROOF TYPE

ALPHALT

OTHER OCCUPANCIES

WIND CLASS

SEMI- RESISTIVE

HEATING SOURCE INCL WOODBURNING  
STOVE OR FIREPLACE INSERTDATE  
INSTALLED:

MANUFACTURER:

## PRIMARY HEAT

☐ BOILER☐ SOLID FUELIF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

## SECONDARY HEAT

☐ BOILER☐ SOLID FUELIF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE &amp; DISTANCE

LEFT EXPOSURE &amp; DISTANCE

FRONT EXPOSURE &amp; DISTANCE

REAR EXPOSURE &amp; DISTANCE

## BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL  
STATION☐ LOCAL  
GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

# GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

FIRE ALARM MANUFACTURER

Wet

100

CENTRAL STATION  
LOCAL GONG

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
REFERENCE / LOAN #: _____		

ACORD 140 (2014/12)

Attach to ACORD 125 © 1985-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SMV 02372





## SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

Dina Campana Smith, CIC

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

PAGE 1

OF 1

**SUBJECTS OF INSURANCE SCHEDULE**DATE (MM/DD/YYYY)  
05/15/2020

<b>PREMISES INFORMATION</b>		PREMISES # 0		STREET ADDRESS: Blanket,					
		BUILDING # 1		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PROPG				Special (Including		10,000			PropertyGard - Winery Extension Endt
<b>PREMISES INFORMATION</b>		PREMISES # 0		STREET ADDRESS: Blanket,					
		BUILDING # 1		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
EQUIP				Special (Including		10,000			Equipment Breakdown - see Remarks for limits
<b>PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

APPLIED 140SOI (2014/12)

SMV 02375





AGENCY CUSTOMER ID: SPRIMOU-03

PAGE 1 OF 1  
JRYAUDES

# **ADDITIONAL INTEREST SCHEDULE**

DATE (MM/DD/YYYY)  
**05/15/2020**

AGENCY <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>	License # <b>0726293</b>	CARRIER <b>Chubb Limited</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>06/01/2020</b>	NAMED INSURED(S) <b>Spring Mountain Vineyard, Inc.</b>	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>AT&amp;T Capital Services, Inc.</b> <b>2000 W. AT&amp;T Center Drive</b> <b>Hoffman Estates, IL 60192</b>			LOCATION: <b>1</b> BUILDING: <b>1</b> VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION <b>2805 Spring Mountain Road St. Helena, CA 94574</b>		
REFERENCE / LOAN #:		INTEREST END DATE:					
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST: <b>Leased Equipment</b>							
E-MAIL ADDRESS:							

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE				LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION		
REFERENCE / LOAN #:		INTEREST END DATE:					
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:							
E-MAIL ADDRESS:							

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE				LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION		
REFERENCE / LOAN #:		INTEREST END DATE:					
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:							
E-MAIL ADDRESS:							

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE				LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION		
REFERENCE / LOAN #:		INTEREST END DATE:					
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:							
E-MAIL ADDRESS:							

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE				LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION		
REFERENCE / LOAN #:		INTEREST END DATE:					
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:							
E-MAIL ADDRESS:							



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**

 DATE (MM/DD/YYYY)  
**05/15/2020**

 AGENCY  
**Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.**

 CARRIER  
**Chubb Limited**

NAIC CODE

POLICY NUMBER

 EFFECTIVE DATE  
**06/01/2020**

 APPLICANT / FIRST NAMED INSURED  
**Spring Mountain Vineyard, Inc.**
**PREMISES INFORMATION**

PREMISES #	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	<input type="checkbox"/> ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	% %		DAYS		
	% %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

## ADDITIONAL PREMISES INFORMATION

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

PREMISES # <b>1</b>	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING # <b>1</b>					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESC BELOW)
DAYS PERIOD REST	%		DAYS	SERV / INC	
	%				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2805 Spring Mountain**  
**St. Helena, CA 94574**

OTHER COVERAGES



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE 05/15/2020	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**

 DATE (MM/DD/YYYY)  
**05/15/2020**

 AGENCY  
**Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.**

 CARRIER  
**Chubb Limited**

NAIC CODE

POLICY NUMBER

 EFFECTIVE DATE  
**06/01/2020**

 APPLICANT / FIRST NAMED INSURED  
**Spring Mountain Vineyard, Inc.**
**PREMISES INFORMATION**

PREMISES # <b>1</b>		<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING # <b>2</b>											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD		POWER / HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____		_____ DAYS MO PERIOD LIMIT MAX PERIOD		\$ _____ DED <input type="checkbox"/> ELEC MEDIA DAYS <input type="checkbox"/> ORD OR LAW DAYS <input type="checkbox"/> CIVIL AUTH DAYS		<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW) TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV / INC		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM COIN _____ % <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
EXTRA EXPENSE		LIMIT LOSS PAY									
_____ DAYS PERIOD REST		_____ % _____ %									

 NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2805 Spring Mountain  
St. Helena, CA 94574**

OTHER COVERAGES

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: 3					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	% %		DAYS		
	% %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2805 Spring Mountain**  
**St. Helena, CA 94574**

## OTHER COVERAGES



## SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE 05/15/2020	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**
DATE (MM/DD/YYYY)  
05/15/2020AGENCY  
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.CARRIER  
Chubb Limited

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE  
06/01/2020APPLICANT / FIRST NAMED INSURED  
Spring Mountain Vineyard, Inc.**PREMISES INFORMATION**

PREMISES # 1	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING # 4					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	<input type="checkbox"/> ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	% %		DAYS		
	% %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
2805 Spring Mountain  
St. Helena, CA 94574
**OTHER COVERAGES**

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION

PREMISES #: <b>1</b>	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: <b>5</b>					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	% %		DAYS		
	% %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2805 Spring Mountain**  
**St. Helena, CA 94574**

OTHER COVERAGES



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE 05/15/2020	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**
DATE (MM/DD/YYYY)  
05/15/2020

AGENCY Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.		CARRIER Chubb Limited	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 06/01/2020	APPLICANT / FIRST NAMED INSURED Spring Mountain Vineyard, Inc.	

**PREMISES INFORMATION**

PREMISES #: 1	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: 6					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS \$	DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	<input type="checkbox"/> ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	% %		DAYS		
	% %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
 2805 Spring Mountain  
 St. Helena, CA 94574

**OTHER COVERAGES**

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION

PREMISES #: <b>1</b>	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: <b>7</b>					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	COIN _____ %
_____ % COINS	\$ _____	MAX PERIOD	ORD OR LAW	TUITION FEES	
EXTRA EXPENSE	LIMIT LOSS PAY	CIVIL AUTH	DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
_____ DAYS PERIOD REST	_____ % _____ %	DAYS	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
	_____ % _____ %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2805 Spring Mountain**  
**St. Helena, CA 94574**

OTHER COVERAGES



## SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE 05/15/2020	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**
DATE (MM/DD/YYYY)  
05/15/2020AGENCY  
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.CARRIER  
Chubb Limited

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE  
06/01/2020APPLICANT / FIRST NAMED INSURED  
Spring Mountain Vineyard, Inc.**PREMISES INFORMATION**

PREMISES #: 2	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: 1					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	<input type="checkbox"/> ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	% %		DAYS		
	% %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
3101 Spring Mountain Road  
St. Helena, CA 94574
**OTHER COVERAGES**

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION

PREMISES #: <b>3</b>		<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING #: <b>1</b>											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD		POWER/HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL		DAYS \$		DED		<input type="checkbox"/> POWER		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM	
<input type="checkbox"/> MFG		90 DAYS		MO PERIOD		<input type="checkbox"/> ELEC MEDIA		<input type="checkbox"/> WATER			
<input type="checkbox"/> MINING		180 DAYS		LIMIT		DAYS		<input type="checkbox"/> COMM (DESCR BELOW)			
_____ % COINS		\$ _____		MAX PERIOD		ORD OR LAW		TUITION FEES		COIN _____ %	
EXTRA EXPENSE		LIMIT LOSS PAY		CIVIL AUTH		DAYS		\$ _____ STUDENTS		<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC	
_____ DAYS PERIOD REST		_____ % _____ %		DAYS		\$ _____ OTHER ED SERV / INC				<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2849 Spring Mountain Road**  
**St. Helena, CA 94574**

OTHER COVERAGES



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE 05/15/2020	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**
DATE (MM/DD/YYYY)  
05/15/2020AGENCY  
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.CARRIER  
Chubb Limited

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE  
06/01/2020APPLICANT / FIRST NAMED INSURED  
Spring Mountain Vineyard, Inc.**PREMISES INFORMATION**

PREMISES #: 3	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING #: 2										
TYPE OF BUSINESS	ORDINARY PAYROLL		EXT PERIOD		POWER / HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL	<input type="checkbox"/> INCL	DAYS		\$	DED	<input type="checkbox"/> POWER		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM	
<input type="checkbox"/> MFG	90 DAYS		MO PERIOD		<input type="checkbox"/> ELEC MEDIA		<input type="checkbox"/> WATER			
<input type="checkbox"/> MINING	180 DAYS		LIMIT		DAYS		<input type="checkbox"/> COMM (DESCR BELOW)			
% COINS			MAX PERIOD		ORD OR LAW		TUITION FEES		COIN %	
	\$				DAYS		\$		<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC	
EXTRA EXPENSE	LIMIT LOSS PAY				CIVIL AUTH		\$		<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
DAYS PERIOD REST	% %				DAYS		\$		STUDENTS	
	% %						\$		OTHER ED SERV / INC	

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
2849 Spring Mountain Road  
St. Helena, CA 94574
**OTHER COVERAGES**

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION

PREMISES #: <b>3</b>		<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING #: <b>3</b>											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD		POWER/HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL		DAYS		\$ DED		<input type="checkbox"/> POWER		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM	
<input type="checkbox"/> MFG		90 DAYS		MO PERIOD		ELEC MEDIA		<input type="checkbox"/> WATER			
<input type="checkbox"/> MINING		180 DAYS		LIMIT		DAYS		<input type="checkbox"/> COMM (DESCR BELOW)			
_____ % COINS		\$ _____		MAX PERIOD		ORD OR LAW		TUITION FEES		COIN _____ %	
EXTRA EXPENSE		LIMIT LOSS PAY		DAYS		DAYS		\$ STUDENTS		<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC	
_____ DAYS PERIOD REST		_____ % _____ %				CIVIL AUTH		\$ OTHER ED SERV / INC		<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
		_____ % _____ %									

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2849 Spring Mountain Road**  
**St. Helena, CA 94574**

OTHER COVERAGES

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

Dina Campana Smith, CIC

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE  
05/15/2020

NATIONAL PRODUCER NUMBER





AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**
DATE (MM/DD/YYYY)  
05/15/2020AGENCY  
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.CARRIER  
Chubb Limited

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE  
06/01/2020APPLICANT / FIRST NAMED INSURED  
Spring Mountain Vineyard, Inc.**PREMISES INFORMATION**

PREMISES #: 3	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: 4					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	COMM (DESCR BELOW)	
% COINS		MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
	\$		DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	%	%	DAYS		
	%	%			

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
2849 Spring Mountain Road  
St. Helena, CA 94574

## OTHER COVERAGES

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION

PREMISES #: <b>3</b>	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: <b>5</b>					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	% %		DAYS	SERV / INC	
	% %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2849 Spring Mountain Road**  
**St. Helena, CA 94574**

OTHER COVERAGES

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

## SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE 05/15/2020	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**

 DATE (MM/DD/YYYY)  
**05/15/2020**

 AGENCY  
**Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.**

 CARRIER  
**Chubb Limited**

NAIC CODE

POLICY NUMBER

 EFFECTIVE DATE  
**06/01/2020**

 APPLICANT / FIRST NAMED INSURED  
**Spring Mountain Vineyard, Inc.**
**PREMISES INFORMATION**

PREMISES #: <b>3</b>	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: <b>6</b>					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESC BELOW)
DAYS PERIOD REST	%	%	DAYS	SERV / INC	

 NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2849 Spring Mountain Road  
 St. Helena, CA 94574**
**OTHER COVERAGES**



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION

PREMISES # <b>4</b>	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING # <b>1</b>					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	% %		DAYS		
	% %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

**1150 Dowdell Lane**  
**Wine Storage**  
**St. Helena, CA 94574**

OTHER COVERAGES

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

## SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

Dina Campana Smith, CIC

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

05/15/2020

NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**

 DATE (MM/DD/YYYY)  
**05/15/2020**

 AGENCY  
**Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.**

 CARRIER  
**Chubb Limited**

NAIC CODE

POLICY NUMBER

 EFFECTIVE DATE  
**06/01/2020**

 APPLICANT / FIRST NAMED INSURED  
**Spring Mountain Vineyard, Inc.**
**PREMISES INFORMATION**

PREMISES # <b>5</b>	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING # <b>1</b>					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS		MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY	CIVIL AUTH	DAYS	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	%				
	%				

 NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2820 Spring Mountain Rd.  
 St. Helena, CA 94574**
**OTHER COVERAGES**

## ADDITIONAL PREMISES INFORMATION

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

PREMISES # <b>5</b>		<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING # <b>2</b>											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD		POWER/HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL		DAYS		\$ DED		<input type="checkbox"/> POWER		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM	
<input type="checkbox"/> MFG		90 DAYS		MO PERIOD		<input type="checkbox"/> ELEC MEDIA		<input type="checkbox"/> WATER			
<input type="checkbox"/> MINING		180 DAYS		LIMIT		DAYS		<input type="checkbox"/> COMM (DESCR BELOW)			
_____ % COINS		\$		MAX PERIOD		<input type="checkbox"/> ORD OR LAW		TUITION FEES		COIN _____ %	
						DAYS		\$		<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC	
EXTRA EXPENSE		LIMIT LOSS PAY				DAYS		\$		<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
_____ DAYS PERIOD REST		_____ % _____ %						\$			
		_____ % _____ %									

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2820 Spring Mountain Rd.**  
**St. Helena, CA 94574**

OTHER COVERAGES



## SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

JRYAUDES

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE 05/15/2020	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**

 DATE (MM/DD/YYYY)  
**05/15/2020**

 AGENCY  
**Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.**

 CARRIER  
**Chubb Limited**

NAIC CODE

POLICY NUMBER

 EFFECTIVE DATE  
**06/01/2020**

 APPLICANT / FIRST NAMED INSURED  
**Spring Mountain Vineyard, Inc.**
**PREMISES INFORMATION**

PREMISES #: <b>5</b>	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: <b>3</b>					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	COMM (DESCR BELOW)	
% COINS	\$	MAX PERIOD	ORD OR LAW	TUITION FEES	COIN %
			DAYS	\$ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ OTHER ED SERV / INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
DAYS PERIOD REST	%	%	DAYS		
	%	%			

 NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
**2820 Spring Mountain Rd.  
 St. Helena, CA 94574**
**OTHER COVERAGES**

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## ADDITIONAL PREMISES INFORMATION

PREMISES #:		<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING #:											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD		POWER/HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL		DAYS		\$ DED		<input type="checkbox"/> POWER		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM	
<input type="checkbox"/> MFG		90 DAYS		MO PERIOD		<input type="checkbox"/> ELEC MEDIA		<input type="checkbox"/> WATER			
<input type="checkbox"/> MINING		180 DAYS		LIMIT		DAYS		<input type="checkbox"/> COMM (DESCR BELOW)			
_____ % COINS		\$ _____		MAX PERIOD		DAYS		TUITION FEES		COIN _____ %	
EXTRA EXPENSE		LIMIT LOSS PAY		CIVIL AUTH		DAYS		\$ STUDENTS		<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC	
_____ DAYS PERIOD REST		_____ % _____ %		DAYS		DAYS		\$ OTHER ED SERV / INC		<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
		_____ % _____ %									

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

## SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

Dina Campana Smith, CIC

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE  
05/15/2020

NATIONAL PRODUCER NUMBER



## ADDITIONAL COVERAGES OVERFLOW

SPRIMOU-03

JRYAUDES

PAGE 1

OF 2

- \* Code PROPE; Description Prop-Gard Select-Basic Exten.of Cov for Wineries190092 5/1/6;
  
- \* Code PROPE; Description Prop-Gard Select-Transportation Cov Extension-190011 05/1/94;
  
- \* Code CARGO; Description Cargo Legal Liability; Limit 1 \$10,000;
  
- \* Code TRELL; Description Trellis or Vines; Limit 1 \$50,000; Deductible \$1,000;
  
- \* Code PACKA; Description Packaging Errors Annual Aggregate; Limit 1 \$50,000; Deductible \$1,000;
  
- \* Code RENTA; Description Rental Cost Reimbursement; Limit 1 \$10,000; Deductible \$1,000;
  
- \* Code MOBIL; Description Mobile Agricultural Equipment; Limit 1 \$50,000; Deductible \$1,000;
  
- \* Code EMPLO; Description Employee Theft-Limited and Forgery-Limited Per Occ & Agg; Limit 1 \$25,000; Limit 2 \$50,000; Deductible \$1,000;
  
- \* Code COMBI; Description Combined Limit of Insurance; Limit 1 \$250,000;
  
- \* Code FIRE; Description Fire Protection Equipment - Included in Combined Limit; Deductible \$1,000;
  
- \* Code EXPED; Description Expediting Expense Included in Combined Limit; Deductible \$1,000;
  
- \* Code CONTR; Description Contract Penalty Included in Combined Limit; Deductible \$1,000;

**ADDITIONAL COVERAGES OVERFLOW**

SPRIMOU-03

JRYAUDES

PAGE 2

OF 2

\* Code ANIMA; Description Animal Damage Included in Combined Limit; Deductible \$1,000;

\* Code WINE; Description Wine Caves Included with Policy;

\* Code FUNGI; Description Fungi Limitation; Limit 1 \$25,000;

APPLIED 98 (2001/01)

SMV 02408

AGENCY CUSTOMER ID: SPRIMOU-03

JRYAUDES

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY <b>Arthur J. Gallagher &amp; Co. Insurance Brokers of CA., Inc.</b>		License # 0726293	NAMED INSURED <b>Spring Mountain Vineyard, Inc. 2805 Spring Mountain Road St. Helena, CA 94574 Napa</b>
POLICY NUMBER			
CARRIER <b>Chubb Limited</b>	NAIC CODE	EFFECTIVE DATE: <b>06/01/2020</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 140 FORM TITLE: PROPERTY SECTION

## Equipment Breakdown Coverage

Damage to Covered Property - policy limits

Time Element - policy limits

Perishable Stock - Not covered

Hazardous Substance - \$100,000

Expediting Expense - \$250,000

Data Restoration - \$50,000

Service Interruption - \$250,000 - Waiting Period - 24 hours

\$2,500 Deductible

## Fire mitigation

2805 Spring Mountain Road (Miravelle) - There are 3 fire hydrants at Miravelle. Guest parking area, in front of winery, in front of tasting room.

2840 Spring Mountain Road (Alba) - 10,000 water tank with fire hose attached at pump. Access or fire trucks to fill there.

3101 and 2820 Spring Mountain Road (La Perla) - Both La Perla and Chevalier have many water access points from vineyard irrigation system.

All buildings have fire extinguishers that are checked annually by a company that comes for inspection. They replace extinguishers that are not acceptable/performance.

Maintain fire break corridors by cleaning downed trees. Brush is chipped and used on vineyard avenues for dust suppression.

Generators are used for pumps to pump water from wells. Generators are portable.

## Tanks and Barrels and bottling line

Average tank volume - 2,000 gallons

# of Barrels and average cost new - 1,400 barrels - Cost - \$1,000 to \$1,200

All Barrels in the Cave

What racks or system is used to prevent damage from earthquake - 70% of Barrels are stored on ground. BAlance stored on wood railings no higher than 2 high.

Bottline Line - estimated cost to replaced new - \$250,000